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| (Requestor's Name) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | İ |
| Certified Copies Certificates of | Status | |
| Special Instructions to Filing Officer: | | |
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|--|---------------|---------------|--|------------|--------|
| TO: Registration Section Division of Corporations | | | | | |
| Oxford V, LLC SUBJECT: | | l | | _ | |
| | Name of | Limited Li | ability Company | | |
| Dear Sir or Madam: | | • | | | |
| The enclosed Registered Agent/Register | red Office Cl | nangejand | fee(s) are submitted for filing. | | |
| Please return all correspondence concer | ning this mai | tter to the f | following: | | |
| Beverly Pascoe | | | | | |
| Name of Person | n l | i (| | | |
| Orr Cook | | İ | | | |
| Firm/Company | | | — S | 202(| |
| 818 A1A North. Suite 302 | | 1 1 | ALL AI | - JUL 0203 | |
| Address | | | | -2 | 3.44mJ |
| Ponte Vedra Beach, FL 32082 | | | 00000000000000000000000000000000000000 | AH 6: 58 | Ö |
| City/State and Zip | Code | | F. C. | 58 | |
| bpascoe@orrcook.com | | | | | |
| E-mail address: (to be used for fut | ure annual r | port notifi | cation) | | |
| For further information concerning this | matter, pleas | se call: | | | |
| Beverly Pascoe | at | 904 | 312-7886 | | |
| Name of Person | | | Area Code & Daytime Telephone Numb | oer | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enclosed is a check for the fol | lowing amo | unt: | | | |
| ■ \$25 Filing Fee | | □ S5 | 5 Filing Fee & Certified Copy | | |
| INHS18 (2/14) | | - | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| i. N | ame of the limited liability con | Oxford V | , uc | | | |
|---------------------------------------|---|---|---|--|---|--|
| 2. (a) | 2380 Sadler Road | | 1 | (b) P.O. Box | t 15369 | |
| 2. (u) | Principal office address of to (Note: MUST BE ST Suite 101 | | | | Mailing address of lim (Note: MAY BE PC) na Beach, FL 32035 | |
| | Fernandina Beach, FL 32034 | | | - ernandii | ia Beacil, PL 32033 | - |
| | 09/26/2006 | | | L06000094 | 630 | |
| 3. 5. (a) | Date of filing/registra Beverly A. Pascoc | tion in Florida | 1 4. | | Document number | |
| ` | Registered Agent and Registered Off | ice shown on the rec | ards of the Florid | a Dept. of State | _ c: | |
| | Registered Office Address (ALLS Suite 1500 | T BE FLORIDA ST | REETADDRESS | <u> </u> | - | SECRET |
| | Jacksonville | | J 32207 | | • | L-2 I |
| (D) <u> </u> | Beverly A. Pascoe Enter name of NEW Registered Age 818 A1A North | it and/or NEW Regi | stered Office add | les: | | AM 6: 58 OF STATE SEEF. FL |
| _ | NEW Registered Office Address: Suite 302 | | i | | | |
| 1 | Ponte Vedra Beach | | , FL 32082 | | | |
| agent will was/were the article | ited liability company is not or changes are made, the Floridi le identical. Or, in the case of authorized by an affirmative ves of organization or the operation of a member or authorized represent | i street address of if a Florida limite ote of the memb ing agreement of | f the registered and liability come ars of the limit the limited lia | l office and on pany, it is hed liability oblits on parties with the second of the sec | the business office onereby confirmed the company or as other any. | of the registered at the change(s) rwise provided in |
| - | • | l i i i i | | | rinted or typed name of | • |
| nongica in | accept the appointment as reging of all statutes relative to the patients of my position as register reflect a change in the register writing of this change. If Registered Agent | stered agent and roper and compiled agent as proved office address | ayree to act in lele performan ided for in Ch i, I hereby conj | i this cupaci ce of my dui apter 605, F firm that the | ity. I further agree fies, and I am famili S. Or, if this docu e limited liability co. | to comply with the lar with and accept ment is being filed mpany has been |
| | / | rporations• P.0 FILING | O. Box 6327• G FEE: \$25.00 | | e, FL 32314 | |

INHS18 (2/14)